TCF Distance Learning Sign-in Sheet

Workshop:									
Workshop Date/Time (ET):									
Site Coordinator:	Site:								
(Site Coordinators: Please fax the si	gn-in sheet(s) to Kristin Peppel, c/o	The Conservation Fund, 304-876-7751.)							
Please Print									
Name	E-Mail	Agency/Organization							

Location of wo	orkshop	City		State		Today's	date		/	V200
		City		State				Month	Day	Year
The following provided, man	- 1						ond	using th	ne scale	e
1. How well	•	w this materi	\sim	beginning (4) (5)	the wor	-				
2. How muc	•	ou learn abou		ic?	A lot m	nore				
3. How often	n do you exp Nev		his knowl	ledge in th	e next 3 Often	0 days?				
4. Have you	u had a previo	ous workshop	on today	's topic?		Yes 🔾	1	No O		
		or your job?	None	nts similar	3 or		previ	• •	articipa r more	ated in?
6. Please resp "Excellent."				e training,			ite:	ng "Poo	or" and	5 being
		of the video	screen:	2)(3 4	5				
		Quality of the Quality of the		$\frac{1}{2}$	3) (4	5) (5)				
		veness of prese		$\binom{2}{2}$	$\frac{3}{3}$ $\left(\frac{4}{4}\right)$	5				
		nity to ask que		2	3 4	5				
	Responsi	veness to ques	stions:	2 (3 (4	5				
Re	elevance of we	orkshop to you	ır job: 1	2 (3 4	5				
C	Overall effective	eness of work	shop: 1	2 (3) (4)	5				
7. Did you a	attend this wo	rkshop at yo	ur regular	workplace	e? O Ye	es C)No	(If No,	answer	:#8)
8. How long	g did it take y) 1-29 minute		he worksh minutes	nop site:	nours	more	than	1.5 hour	s	

Please fax to Kristin Peppel at 304-876-7751. Please write any comments on the back of this form.